



Parents' Code of Ethics

- I will encourage good sportsmanship by demonstrating positive support for all players, coaches, and officials at every game, practice, or other youth sporting events.
- I will place the emotional well-being of each child ahead of a personal desire to win.
- I will support the coaches and officials working with my child in order to encourage a positive and enjoyable experience for all.
- I will demand a sports environment for my child that is free from drugs, tobacco, and alcohol and will refrain from their use at all Greenville Recreation and Parks Department's youth sport events.
- I will remember the game is for youth—not adults.
- I will help my child enjoy the youth sports experience by doing whatever I can, such as being a respectful fan, assisting with coaching or character development, or providing transportation.
- I will treat other players, coaches, fans, and officials with respect.

I hereby pledge to provide positive support, care, and encouragement for my child participating in GRPD's youth sports by following the Parents' Code of Ethics. I understand that failure to comply could result in my suspension from youth sporting events.

Parent/Guardian Signature _____

Date _____

Volunteer Coach's Application

Please complete if you would like to be a volunteer coach and make plans to attend our coaches' training.

Name: _____

Email Address: _____

Phone Number: _____

Child's Name: _____

Child's Age Group: _____

Assistant Coach: _____

Assistant's Child: _____



Find yourself in good company®

The Greenville Recreation and Parks Department (GRPD) is currently accepting registration for the 2017 Summer Youth Basketball League.

How to register:

- **Mail completed form with check to:**
Greenville Recreation & Parks Department
c/o South Greenville Recreation Center
PO Box 7207
Greenville, NC 27835

Make checks payable to GRPD. Please retain the information portion for practice times.

- **Online at www.greenvillenc.gov**
- **In person at the following facilities:**
 - H. Boyd Lee Park
 - Jaycee Park
 - Drew Steele Center
 - South Greenville Recreation Center
 - Eppes Recreation Center
 - Sports Connection

Registration forms must be received by the deadline of Thursday, June 1, 2017. Registration will not be accepted after June 1, including forms that are mailed in.

Please visit greenvillenc.gov for more information about upcoming programs.

2017 Summer Sponsorship Opportunities

We are currently seeking team sponsors for the 2017 summer season. Please contact our office at (252) 329-4549 for more information.



2017 Summer Registration



Greenville
NORTH CAROLINA

RECREATION AND PARKS

For additional information, please call our office at (252) 329-4549.

2017 Summer Youth Basketball

Registration will be available March 1-June 1.

Fee: \$50; Discounted Greenville Resident Fee: \$40

Ages 12-18 (age as of January 1, 2017)

The Greenville Summer Youth Basketball Jr. NBA league is a competitive basketball league for boys and girls ages 12-18. All team uniforms will represent teams from the National Basketball Association. Games will be played in the newly-renovated South Greenville Recreation Center, featuring state-of-the-art hardwood floors. A shot clock will be used during league play to help players develop basketball intelligence and teamwork. Participants will have their skill levels evaluated, and will be drafted onto teams for league play.

Skills assessment week: All skills assessments will be held at South Greenville Recreation Center, 851 Howell Street.

Ages 12-15: June 12 and June 14 - 5:45-7:45 PM
Ages 16-18: June 13 and June 15 - 5:45-7:45 PM

All participants will be drafted to a team following skills assessment week, and will be contacted by their coach with practice and game schedules.



The Jr. NBA is the official youth basketball participation program of the NBA. This program aims to develop a lifelong passion for the game of basketball in boys and girls by teaching them the fundamentals of the sport while instilling core values including teamwork, respect and sportsmanship.

Volunteer Coaches: All teams will need a volunteer head coach. If you are interested in coaching, please call our office at (252) 329-4549.

The first coaches' meeting will be held Thursday, June 15 at South Greenville Recreation Center. All coaches are required to complete a criminal background investigation.

Please retain this portion of the registration form for your records. Mouth guards are required for all participants.

2017 Summer Youth Basketball

Name: _____
Birth date (MM/DD/YY): ____/____/____
Age Group: ____
Gender (circle): **M** **F**
City of Greenville Resident: **Y** **N**

Address: _____
City: _____ Zip Code: _____
Phone: _____ Alternate: _____
Email: _____
Emergency Contact (Phone Number & Name): _____
Medical Information (allergies, special meds, instructions, etc.): _____
Please check here if you wish to be contacted regarding ADA accommodations to participate in this program: ☐

Permission, Release, and Assumption of Risk
In Consideration of my child being allowed to participate in Youth Basketball sponsored by Greenville Recreation and Parks Department (GRPD), I hereby assume all risks and release the City of Greenville, its employees, and volunteers from all liability whatsoever for any injuries or accidents in connection with my child's participation. I intend this release to be binding not only for myself, but also on my family and all legal successors in interest. For the safe enjoyment of this program by all participants, GRPD staff has established rules and regulations and I agree that my child will abide by them, or accept dismissal for refusing to follow them. I hereby grant permission to the City of Greenville to use, for promotional purposes, photographs and video images taken of my child while participating in this program.
In the event my child is injured, and I cannot be contacted, I hereby give permission to the physician or medical personnel selected by GRPD staff to hospitalize, secure proper treatment or medication for, and to take whatever medical actions are necessary to treat my child, and I authorize the physician or medical personnel selected to provide treatment deemed necessary by them.

Parent/Guardian's Name (Please Print) _____ Date _____
Parent/Guardian's Name (Signature) _____ Date _____

Please sign Parent's Code of Ethics on back cover.